

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

POLLOCK FOR CONGRESS

ADDRESS (number and street)

1109 SW 1ST AVE STE F #412

Check if different  
than previously  
reported. (ACC)

CANBY

OR

97013

2. FEC IDENTIFICATION NUMBER ▼

C

C00551614

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

OR

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

01

D D /

01

Y Y Y Y

2014

through

M M /

03

D D /

31

Y Y Y Y

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BENJAMIN POLLOCK

Signature of Treasurer

BENJAMIN POLLOCK

[Electronically Filed]

Date

M M /

04

D D /

15

Y Y Y Y

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 24

Write or Type Committee Name

**POLLOCK FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	15283.79	59046.83
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	15283.79	59046.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	20163.45	37614.70
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	20163.45	37614.70
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	21432.13	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 24

Write or Type Committee Name

**POLLOCK FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

8000.00

47200.00

**(ii) Unitemized.....**

1485.98

3565.98

**(iii) TOTAL of contributions from individuals ▶**

9485.98

50765.98

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

0.00

0.00

**(d) The Candidate.....**

5797.81

8280.85

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

15283.79

59046.83

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

15283.79

59046.83

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 24

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20163.45	37614.70
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	20163.45	37614.70

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	26311.79
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15283.79
25. SUBTOTAL (add Line 23 and Line 24).....	41595.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20163.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	21432.13

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 24

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**POLLOCK FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Staci Daamgard</b>			Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2014		
Mailing Address PO Box 478			<b>Transaction ID : SA11AI.4316</b>		
City	State	Zip Code			
Aurora	OR	97002			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00 In-kind - Food and supplies for meet & greet		
Name of Employer Columbia Helicopters		Occupation Finance Director			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00			
<b>B.</b> Full Name (Last, First, Middle Initial) <b>John Kuzmanich</b>			Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2014		
Mailing Address 476 SW 150th Ave			<b>Transaction ID : SA11AI.4313</b>		
City	State	Zip Code			
Beaverton	OR	97006			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 2000.00 In-kind - General Political Consulting Services		
Name of Employer Self		Occupation Consultant			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2010.00			
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Jason Oliver</b>			Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2014		
Mailing Address 96-305 Kaloapau St #101			<b>Transaction ID : SA11AI.4384</b>		
City	State	Zip Code			
Mililani	HI	96789			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 50.00		
Name of Employer United States Army		Occupation Officer			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00			
<b>SUBTOTAL</b> of Receipts This Page (optional).....			2550.00		
<b>TOTAL</b> This Period (last page this line number only).....					

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**POLLOCK FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Jason Oliver</b>			Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2014	
Mailing Address 96-305 Kaloapau St #101			<b>Transaction ID : SA11AI.4399</b>	
City Mililani	State HI	Zip Code 96789	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer United States Army		Occupation Officer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Trudy Reusser</b>			Date of Receipt M M / D D / Y Y Y Y 02 / 11 / 2014	
Mailing Address 3400 SE Hill Rd			<b>Transaction ID : SA11AI.4352</b>	
City Milwaukie	State OR	Zip Code 97267	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Trudy Reusser</b>			Date of Receipt M M / D D / Y Y Y Y 02 / 11 / 2014	
Mailing Address 3400 SE Hill Rd			<b>Transaction ID : SA11AI.4372</b>	
City Milwaukie	State OR	Zip Code 97267	Amount of Each Receipt this Period 5.00	
FEC ID number of contributing federal political committee. C				
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 255.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			305.00	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**POLLOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Jeff Reynolds**

Mailing Address 1025 NE 176th Ave

City

Portland

State

OR

Zip Code

97230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Freelance Writer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2055.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2014

Transaction ID : SA11AI.4311

Amount of Each Receipt this Period

2000.00

In-kind - General Political Consulting Services

Full Name (Last, First, Middle Initial)

**Seth Rydmark**

Mailing Address 31944 S. Dryland Rd

City

Molalla

State

OR

Zip Code

97038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Health and Services

Occupation

Mental Health Associate

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2014

Transaction ID : SA11AI.4338

Amount of Each Receipt this Period

2500.00

In-kind - Field Data Analyst

Full Name (Last, First, Middle Initial)

**Daniel Windle**

Mailing Address 3015 Cole Ave #133

City

Dallas

State

TX

Zip Code

75204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trinity Industries

Occupation

Marketing Analyst

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

295.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 11 / 2014

Transaction ID : SA11AI.4332

Amount of Each Receipt this Period

145.00

**SUBTOTAL** of Receipts This Page (optional).....

4645.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

POLLOCK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Debbie Wright

A.

Mailing Address 30921 S Stuwe Rd

City

Canby

State

OR

Zip Code

97013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2014

Transaction ID : SA11Al.4319

Amount of Each Receipt this Period

500.00

In-kind - supplies and venue for meet &amp; greet

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

8000.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**POLLOCK FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>BENJAMIN POLLOCK</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>04</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		04		2014
M M	/	D D	/	Y Y Y Y									
01		04		2014									
Mailing Address 30480 SW BOONES FERRY RD #212		<b>Transaction ID : SA11D.4382</b>											
City WILSONVILLE	State OR	Zip Code 97070	Amount of Each Receipt this Period <table border="1"> <tr> <td>700.00</td> </tr> </table>	700.00									
700.00													
FEC ID number of contributing federal political committee. <b>C</b> H4OR05213		In-kind - Pumpaudio.com Music License Fee for Radio Ad											
Name of Employer SMS Auto Fabrics	Occupation VP												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>3183.04</td> </tr> </table>		3183.04										
3183.04													
<b>B.</b> Full Name (Last, First, Middle Initial) <b>BENJAMIN POLLOCK</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>19</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		19		2014
M M	/	D D	/	Y Y Y Y									
01		19		2014									
Mailing Address 30480 SW BOONES FERRY RD #212		<b>Transaction ID : SA11D.4305</b>											
City WILSONVILLE	State OR	Zip Code 97070	Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00									
25.00													
FEC ID number of contributing federal political committee. <b>C</b> H4OR05213		In-kind - Campaign Phone											
Name of Employer SMS Auto Fabrics	Occupation VP												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>3208.04</td> </tr> </table>		3208.04										
3208.04													
<b>C.</b> Full Name (Last, First, Middle Initial) <b>BENJAMIN POLLOCK</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>20</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		20		2014
M M	/	D D	/	Y Y Y Y									
01		20		2014									
Mailing Address 30480 SW BOONES FERRY RD #212		<b>Transaction ID : SA11D.4295</b>											
City WILSONVILLE	State OR	Zip Code 97070	Amount of Each Receipt this Period <table border="1"> <tr> <td>54.34</td> </tr> </table>	54.34									
54.34													
FEC ID number of contributing federal political committee. <b>C</b> H4OR05213		In-kind - TMobile Campaign Cell Phone Bill											
Name of Employer SMS Auto Fabrics	Occupation VP												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>3262.38</td> </tr> </table>		3262.38										
3262.38													
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<table border="1"> <tr> <td>779.34</td> </tr> </table>		779.34									
779.34													
<b>TOTAL</b> This Period (last page this line number only).....		<table border="1"> <tr> <td></td> </tr> </table>											

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15  
12 13a 13b 14

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NAME OF COMMITTEE (In Full)  
**POLLOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**BENJAMIN POLLOCK**

Mailing Address 30480 SW BOONES FERRY RD #212

City

WILSONVILLE

State

OR

Zip Code

97070

FEC ID number of contributing  
federal political committee.

**C** H4OR05213

Name of Employer

SMS Auto Fabrics

Occupation

VP

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3362.38

Date of Receipt

M M / D D / Y Y Y Y  
01 31 2014

Transaction ID : SA11D.4297

Amount of Each Receipt this Period

100.00

In-kind - Clackamas County GOP Lincoln Day Dinner

Full Name (Last, First, Middle Initial)

**BENJAMIN POLLOCK**

Mailing Address 30480 SW BOONES FERRY RD #212

City

WILSONVILLE

State

OR

Zip Code

97070

FEC ID number of contributing  
federal political committee.

**C** H4OR05213

Name of Employer

SMS Auto Fabrics

Occupation

VP

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3387.38

Date of Receipt

M M / D D / Y Y Y Y  
02 20 2014

Transaction ID : SA11D.4307

Amount of Each Receipt this Period

25.00

In-kind - Campaign Phone

Full Name (Last, First, Middle Initial)

**BENJAMIN POLLOCK**

Mailing Address 30480 SW BOONES FERRY RD #212

City

WILSONVILLE

State

OR

Zip Code

97070

FEC ID number of contributing  
federal political committee.

**C** H4OR05213

Name of Employer

SMS Auto Fabrics

Occupation

VP

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3497.38

Date of Receipt

M M / D D / Y Y Y Y  
02 22 2014

Transaction ID : SA11D.4299

Amount of Each Receipt this Period

110.00

In-kind - Dorchester Conference Ticket

**SUBTOTAL** of Receipts This Page (optional).....

235.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15  
12 13a 13b 14

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NAME OF COMMITTEE (In Full)  
**POLLOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**BENJAMIN POLLOCK**

Mailing Address 30480 SW BOONES FERRY RD #212

City

WILSONVILLE

State

OR

Zip Code

97070

FEC ID number of contributing  
federal political committee.

**C** H4OR05213

Name of Employer

SMS Auto Fabrics

Occupation

VP

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4039.88

Date of Receipt

M M / D D / Y Y Y Y  
02 22 2014

Transaction ID : SA11D.4301

Amount of Each Receipt this Period

542.50

In-kind - Delta Airlines Airfare for DC Trip

Full Name (Last, First, Middle Initial)

**BENJAMIN POLLOCK**

Mailing Address 30480 SW BOONES FERRY RD #212

City

WILSONVILLE

State

OR

Zip Code

97070

FEC ID number of contributing  
federal political committee.

**C** H4OR05213

Name of Employer

SMS Auto Fabrics

Occupation

VP

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4094.36

Date of Receipt

M M / D D / Y Y Y Y  
02 28 2014

Transaction ID : SA11D.4303

Amount of Each Receipt this Period

54.48

In-kind - TMobile Campaign Cell Phone Bill

Full Name (Last, First, Middle Initial)

**BENJAMIN POLLOCK**

Mailing Address 30480 SW BOONES FERRY RD #212

City

WILSONVILLE

State

OR

Zip Code

97070

FEC ID number of contributing  
federal political committee.

**C** H4OR05213

Name of Employer

SMS Auto Fabrics

Occupation

VP

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

6594.36

Date of Receipt

M M / D D / Y Y Y Y  
03 13 2014

Transaction ID : SA11D.4287

Amount of Each Receipt this Period

2500.00

In-kind - Oregon Secretary of State Voters Guide Fee

**SUBTOTAL** of Receipts This Page (optional).....

3096.98

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 24

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**POLLOCK FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>BENJAMIN POLLOCK</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014	
Mailing Address 30480 SW BOONES FERRY RD #212		<b>Transaction ID : SA11D.4309</b>	
City WILSONVILLE	State OR	Zip Code 97070	Amount of Each Receipt this Period 25.00 In-kind - Campaign Phone
FEC ID number of contributing federal political committee. C H4OR05213			
Name of Employer SMS Auto Fabrics	Occupation VP		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6619.36		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>BENJAMIN POLLOCK</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2014	
Mailing Address 30480 SW BOONES FERRY RD #212		<b>Transaction ID : SA11D.4289</b>	
City WILSONVILLE	State OR	Zip Code 97070	Amount of Each Receipt this Period 600.00 In-kind - Tom Edwards Field Signs
FEC ID number of contributing federal political committee. C H4OR05213			
Name of Employer SMS Auto Fabrics	Occupation VP		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7219.36		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>BENJAMIN POLLOCK</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014	
Mailing Address 30480 SW BOONES FERRY RD #212		<b>Transaction ID : SA11D.4293</b>	
City WILSONVILLE	State OR	Zip Code 97070	Amount of Each Receipt this Period 353.99 In-kind - Hotcards.com Campaign Literature
FEC ID number of contributing federal political committee. C H4OR05213			
Name of Employer SMS Auto Fabrics	Occupation VP		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 7573.35		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		978.99	
<b>TOTAL</b> This Period (last page this line number only).....			

FOR LINE NUMBER:		PAGE 13 OF 24	
(check only one)			
<input type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	12	<input type="checkbox"/>	13a
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	13b
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	11d
<input type="checkbox"/>		<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	15

NAME OF COMMITTEE (In Full)  
POLLOCK FOR CONGRESS

Date of Receipt

MM / DD / YYYY

03 / 27 / 2014

Amount of Each Receipt this Period

707.50

In-kind - Tom Edwards Field Signs

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Date of Receipt

Amount of Each Receipt this Period

707.50
5797.81



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**POLLOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Staci Daamgard**

Mailing Address PO Box 478

City	State	Zip Code
Aurora	OR	97002

Purpose of Disbursement  
In-kind - Food and supplies for meet & greet

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		30		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.4318

**B. Facebook, Inc.**

Mailing Address 1601 Willow Rd.

City	State	Zip Code
Menlo Park	CA	94025

Purpose of Disbursement  
Online Advertising

Candidate Name

**POLLOCK FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: OR

District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		02		2014

Amount of Each Disbursement this Period

89.48
-------

Transaction ID : SB17.4400

**c. Facebook, Inc.**

Mailing Address 1601 Willow Rd.

City	State	Zip Code
Menlo Park	CA	94025

Purpose of Disbursement  
Online Advertising

Candidate Name

**POLLOCK FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: OR

District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2014

Amount of Each Disbursement this Period

581.03
--------

Transaction ID : SB17.4420

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1170.51

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**POLLOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Facebook, Inc.**

Mailing Address 1601 Willow Rd.

City	State	Zip Code
Menlo Park	CA	94025

Purpose of Disbursement  
Online Advertising

004

Category/  
Type

Candidate Name

**POLLOCK FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: OR District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		18		2014

Amount of Each Disbursement this Period

133.12
--------

Transaction ID : SB17.4422

**B. Facebook, Inc.**

Mailing Address 1601 Willow Rd.

City	State	Zip Code
Menlo Park	CA	94025

Purpose of Disbursement  
Online Advertising

004

Category/  
Type

Candidate Name

**POLLOCK FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: OR District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

Amount of Each Disbursement this Period

11.94
-------

Transaction ID : SB17.4426

**c. Good Impressions Printing**

Mailing Address 7112 NE Emerson St

City	State	Zip Code
Portland	OR	97218

Purpose of Disbursement  
Campaign Literature Printing

006

Category/  
Type

Candidate Name

**POLLOCK FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: OR District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2014

Amount of Each Disbursement this Period

240.00
--------

Transaction ID : SB17.4428

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

385.06



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**POLLOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Google Inc.**Mailing Address Dept 33654  
PO Box 39000City State Zip Code  
San Francisco CA 94139Purpose of Disbursement  
Online Advertising

004

Category/  
Type

Candidate Name

**POLLOCK FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: OR District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		13		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.4414

**B. Google Inc.**Mailing Address Dept 33654  
PO Box 39000City State Zip Code  
San Francisco CA 94139Purpose of Disbursement  
Online Advertising

004

Category/  
Type

Candidate Name

**POLLOCK FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: OR District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		10		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.4421

**c. Google Inc.**Mailing Address Dept 33654  
PO Box 39000City State Zip Code  
San Francisco CA 94139Purpose of Disbursement  
Online Advertising

004

Category/  
Type

Candidate Name

**POLLOCK FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: OR District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		12		2014

Amount of Each Disbursement this Period

163.27
--------

Transaction ID : SB17.4425

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1163.27

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**POLLOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. John Kuzmanich**

Mailing Address 476 SW 150th Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2014

City	State	Zip Code
Beaverton	OR	97006

Amount of Each Disbursement this Period

3000.00
---------

Purpose of Disbursement  
In-kind - General Political Consulting ServicesCategory/  
Type**Transaction ID : SB17.4315**

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. KYKN Radio**

Mailing Address PO Box 1430

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		07		2014

City	State	Zip Code
Salem	OR	97308

Amount of Each Disbursement this Period

325.00
--------

Purpose of Disbursement  
Radio Advertising

004

Category/  
Type**Transaction ID : SB17.4409**

Candidate Name

**POLLOCK FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: OR District: 05

Full Name (Last, First, Middle Initial)

**C. BENJAMIN POLLOCK**

Mailing Address 30480 SW BOONES FERRY RD #212

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		04		2014

City	State	Zip Code
WILSONVILLE	OR	97070

Amount of Each Disbursement this Period

700.00
--------

Purpose of Disbursement  
In-kind - Pumpaudio.com Music License Fee for Radio AdCategory/  
Type**Transaction ID : SB17.4383**

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: OR District: 05

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3025.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**POLLOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. BENJAMIN POLLOCK**

Mailing Address 30480 SW BOONES FERRY RD #212

City	State	Zip Code
WILSONVILLE	OR	97070

Purpose of Disbursement  
In-kind - Campaign Phone

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OR District: 05

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		19		2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.4306

**B. BENJAMIN POLLOCK**

Mailing Address 30480 SW BOONES FERRY RD #212

City	State	Zip Code
WILSONVILLE	OR	97070

Purpose of Disbursement  
In-kind - T-Mobile Campaign Cell Phone Bill

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OR District: 05

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		20		2014

Amount of Each Disbursement this Period

54.34
-------

Transaction ID : SB17.4296

**C. BENJAMIN POLLOCK**

Mailing Address 30480 SW BOONES FERRY RD #212

City	State	Zip Code
WILSONVILLE	OR	97070

Purpose of Disbursement  
In-kind - Clackamas County GOP Lincoln Day Dinner

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OR District: 05

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : SB17.4298

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

179.34

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**POLLOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. BENJAMIN POLLOCK**

Mailing Address 30480 SW BOONES FERRY RD #212

City	State	Zip Code
WILSONVILLE	OR	97070

Purpose of Disbursement  
In-kind - Campaign Phone

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OR District: 05

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		20		2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.4308

**B. BENJAMIN POLLOCK**

Mailing Address 30480 SW BOONES FERRY RD #212

City	State	Zip Code
WILSONVILLE	OR	97070

Purpose of Disbursement  
In-kind - Dorchester Conference Ticket

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OR District: 05

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		22		2014

Amount of Each Disbursement this Period

110.00
--------

Transaction ID : SB17.4300

**C. BENJAMIN POLLOCK**

Mailing Address 30480 SW BOONES FERRY RD #212

City	State	Zip Code
WILSONVILLE	OR	97070

Purpose of Disbursement  
In-kind - Delta Airlines Airfare for DC Trip

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OR District: 05

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		22		2014

Amount of Each Disbursement this Period

542.50
--------

Transaction ID : SB17.4302

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

677.50

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**POLLOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. BENJAMIN POLLOCK**

Mailing Address 30480 SW BOONES FERRY RD #212

City	State	Zip Code
WILSONVILLE	OR	97070

Purpose of Disbursement  
In-kind - TMobile Campaign Cell Phone Bill

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: OR District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2014

Amount of Each Disbursement this Period

54.48
-------

Transaction ID : SB17.4304

**B. BENJAMIN POLLOCK**

Mailing Address 30480 SW BOONES FERRY RD #212

City	State	Zip Code
WILSONVILLE	OR	97070

Purpose of Disbursement  
In-kind - Oregon Secretary of State Voters Guide Fee

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: OR District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		13		2014

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.4288

**C. BENJAMIN POLLOCK**

Mailing Address 30480 SW BOONES FERRY RD #212

City	State	Zip Code
WILSONVILLE	OR	97070

Purpose of Disbursement  
In-kind - Campaign Phone

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: OR District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2014

Amount of Each Disbursement this Period

25.00
-------

Transaction ID : SB17.4310

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2579.48

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**POLLOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. BENJAMIN POLLOCK**

Mailing Address 30480 SW BOONES FERRY RD #212

City	State	Zip Code
WILSONVILLE	OR	97070

Purpose of Disbursement  
In-kind - Tom Edwards Field Signs

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: OR District: 05

Date of Disbursement

M M / D D / Y Y Y Y
03 / 22 / 2014

Amount of Each Disbursement this Period

600.00
--------

Transaction ID : SB17.4290

**B. BENJAMIN POLLOCK**

Mailing Address 30480 SW BOONES FERRY RD #212

City	State	Zip Code
WILSONVILLE	OR	97070

Purpose of Disbursement  
In-kind - Hotcards.com Campaign Literature

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: OR District: 05

Date of Disbursement

M M / D D / Y Y Y Y
03 / 26 / 2014

Amount of Each Disbursement this Period

353.99
--------

Transaction ID : SB17.4294

**C. BENJAMIN POLLOCK**

Mailing Address 30480 SW BOONES FERRY RD #212

City	State	Zip Code
WILSONVILLE	OR	97070

Purpose of Disbursement  
In-kind - Tom Edwards Field Signs

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: OR District: 05

Date of Disbursement

M M / D D / Y Y Y Y
03 / 27 / 2014

Amount of Each Disbursement this Period

707.50
--------

Transaction ID : SB17.4292

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1661.49

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**POLLOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Trudy Reusser**

Mailing Address 3400 SE Hill Rd

City	State	Zip Code
Milwaukie	OR	97267

Purpose of Disbursement  
In-kind - Gift Basket for Meet & Greet

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		11		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.4354

**B. Jeff Reynolds**

Mailing Address 1025 NE 176th Ave

City	State	Zip Code
Portland	OR	97230

Purpose of Disbursement  
In-kind - General Political Consulting Services

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.4312

**c. Seth Rydmark**

Mailing Address 31944 S. Dryland Rd

City	State	Zip Code
Molalla	OR	97038

Purpose of Disbursement  
In-kind - Field Data Analyst

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.4340

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4750.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**POLLOCK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Debbie Wright**

Mailing Address 30921 S Stuwe Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		30		2014

City	State	Zip Code
Canby	OR	97013

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
In-kind - supplies and venue for meet & greetCategory/  
Type

Transaction ID : SB17.4321

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

19591.65